

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043105

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

47

Primary Registration District No.

3008

Registrar's No.

351

STATE FILE NUMBER

FILED DEC 9 1963

1. PLACE OF DEATH

a. COUNTY **CALLAWAY**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **FULTON**

Length of stay in 1b
LIFETIME

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **CALLAWAY MEM. HOSPITAL**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **CALLAWAY**

c. CITY OR TOWN **FULTON**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
407 W. 9th

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last

MRS. FLOYD PRATHA WILSON

4. DATE OF DEATH **DEC. 2 1963**

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/18/94

9. AGE (last birthday)

69

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Fulton, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas Poston

13b. MOTHER'S MAIDEN NAME

Gertrude Williams

14. NAME OF HUSBAND OR

Charles Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.
unk

17. INFORMANT Address
Mr. Charles Wilson 407 W. 9th, Fulton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Terminal Pneumonia & Toxemia **24 hours**

DUE TO (b)

Cerebral Vascular accident Left Hemisphere **6 days**

DUE TO (c)

Hypertension and Diabetic Coma **8 days**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **April 1948** to **12/2/63** and last saw her alive on **12/1/63**
Death occurred at **12/2/63 at 2:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

George J. Wood MD

22b. ADDRESS **614 Market St**

Fulton, Mo

22c. DATE SIGNED

12-2-63

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)

Burial

23b. DATE

12/4/63

23c. NAME OF CEMETERY OR CREMATORY

Southside Cemetery

23d. LOCATION (City, town, or county)

Fulton, Missouri

(State)

24. GENERAL DIRECTOR

Raymond E. Fulton, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Dec 2-1963

26. REGISTRAR'S SIGNATURE

Maretha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 13 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest H. Green

Licensed Embalmer No. 4220

P. O. Address Wilton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.